

**RESIDENTIAL CHILD CARE LICENSING  
CHANGE REQUEST FORM**

<b>Current Name of Facility:</b>	<b>Facility ID#</b>
Facility Type: <input type="checkbox"/> CCI <input type="checkbox"/> CPA <input type="checkbox"/> OCCP <input type="checkbox"/> CTCC <input type="checkbox"/> Maternity Home <input type="checkbox"/> RHYP	
SiteAddress: _____	Telephone:(    ) _____
City: _____ Zip Code: _____	Fax: (    ) _____
MailingAddress: _____	County _____
City: _____ Zip Code: _____	

**CHECK ALL CHANGES THAT APPLY**

- ☐ Change in name of program ONLY (**submit Incorporation Papers**)

Proposed Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

- ☐ Change in Program Services (check all that apply) (**submit affected policy changes**)

\_\_\_\_\_ Emergency Shelter  
\_\_\_\_\_ Long-term placements  
\_\_\_\_\_ Foster-care services

- ☐ Change in Site Address (**only a CPA can change without prior inspection/approval from RCC. Others require zoning and fire approvals and measurements by ORCC**)

Current Site Address: \_\_\_\_\_

\_\_\_\_\_

New Site Address: \_\_\_\_\_

\_\_\_\_\_

Effective Date: \_\_\_\_\_

Check One: ☐ Facility Relocated    ☐ Post office Changed Facility's Address

**RESIDENTIAL CHILD CARE LICENSING  
CHANGE REQUEST FORM (cont'd)**

- ☐ Change in Owner (**Submit copy of Satisfactory CRC determination**)

Current Owner: \_\_\_\_\_

*An Equal Opportunity Employer*

New Owner: \_\_\_\_\_

Effective Date: \_\_\_\_\_

[ ] **Change in Director (Submit educational qualifications, CRC, and work experience)**

Current

Director:

New

Director:

Effective Date: \_\_\_\_\_

[ ] **Change in Ages of Children Served ( to serve age groups not previously served, e.g., infants) (submit affected policy changes)**

Present Ages Served: \_\_\_\_\_ to \_\_\_\_\_

New Ages to be Served \_\_\_\_\_ to \_\_\_\_\_

Effective Date: \_\_\_\_\_

[ ] **Change in licensed capacity or use of the building. Attach an updated floor plan of the facility showing details of the area involved. Also attach copies of applicable approvals, i.e., fire, local, building, zoning, location. Indicate on your floor plan the location of all sinks, toilets, and diaper changing tables.**

Comments: \_\_\_\_\_

\_\_\_\_\_

I represent that the official address listed on this application is current and correct. I will notify the Residential Child Care Licensing Section in writing if my address changes. False or misleading statements made on any part of the application will void this application and nullify any license issued on the basis thereof.

I understand that I am responsible for meeting all rules and regulations associated with these changes.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Board Chairman (if applicable)

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Surveyor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

Form Updated: 07/25/2016